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PTO/SB/21 (08-03)
Approved for use through 08/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/885,580
		Filing Date	19 June 2001
		First Named Inventor	ABUTALEB, M.
		Art Unit	2684
		Examiner Name	SOBUTKA, Philip
Total Number of Pages in This Submission	44	Attorney Docket Number	ICTI ICE-0101

RECEIVED
JAN 18 2004
Technology Center 2600

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Conf. postcard; Bank draft (\$249.00); 37 CFR 3.73(b) statement
Remarks Includes separate transmittal to Draftsperson. <i>Exp. Mail ER771626579US</i>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	George E. Darby, Paradise Patent Services, Inc.
Signature	
Date	5 January 2004

CERTIFICATE OF TRANSMISSION/MAILING		
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Typed or printed name	George E. Darby	
Signature		Date 5 January 2004

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 249.00)

Complete if Known

Application Number	09/885,580
Filing Date	19 JUNE 2001
First Named Inventor	ABUTALEB, M.
Examiner Name	SOBUTKA, P.
Art Unit	2684
Attorney Docket No.	ICTI ICC-0101

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

 Deposit Account:

Deposit Account Number
Deposit Account Name

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	<input type="text"/>
1002 340	2002 170	Design filing fee	<input type="text"/>
1003 530	2003 265	Plant filing fee	<input type="text"/>
1004 770	2004 385	Reissue filing fee	<input type="text"/>
1005 160	2005 80	Provisional filing fee	<input type="text"/>
SUBTOTAL (1)		(\$)	<input type="text"/>

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	<input type="text"/>	-20** =	<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
Independent Claims	<input type="text"/>	-3*** =	<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
Multiple Dependent	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	See SB/05
1202 18	2202 9	Claims in excess of 20	<input type="text"/>
1201 86	2201 43	Independent claims in excess of 3	<input type="text"/>
1203 290	2203 145	Multiple dependent claim, if not paid	<input type="text"/>
1204 86	2204 43	** Reissue independent claims over original patent	<input type="text"/>
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	<input type="text"/>
SUBTOTAL (2)		(\$)	<input type="text"/>

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	<input type="text"/>
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	<input type="text"/>
1053 130	1053 130	Non-English specification	<input type="text"/>
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	<input type="text"/>
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	<input type="text"/>
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	<input type="text"/>
1251 110	2251 55	Extension for reply within first month	<input type="text"/>
1252 420	2252 210	Extension for reply within second month	<input type="text"/>
1253 950	2253 475	Extension for reply within third month	<input type="text"/>
1254 1,480	2254 740	Extension for reply within fourth month	<input type="text"/>
1255 2,010	2255 1,005	Extension for reply within fifth month	<input type="text"/>
1401 330	2401 165	Notice of Appeal	<input type="text"/>
1402 330	2402 165	Filing a brief in support of an appeal	<input type="text"/>
1403 290	2403 145	Request for oral hearing	<input type="text"/>
1451 1,510	1451 1,510	Petition to institute a public use proceeding	<input type="text"/>
1452 110	2452 55	Petition to revive - unavoidable	<input type="text"/>
1453 1,330	2453 665	Petition to revive - unintentional	<input type="text"/>
1501 1,330	2501 665	Utility issue fee (or reissue)	<input type="text"/>
1502 480	2502 240	Design issue fee	<input type="text"/>
1503 640	2503 320	Plant issue fee	<input type="text"/>
1460 130	1460 130	Petitions to the Commissioner	<input type="text"/>
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	<input type="text"/>
1806 180	1806 180	Submission of Information Disclosure Stmt	<input type="text"/>
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="text"/>
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	<input type="text"/>
1801 770	2801 385	Request for Continued Examination (RCE)	<input type="text"/>
1802 900	1802 900	Request for expedited examination of a design application	<input type="text"/>

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

55

SUBMITTED BY

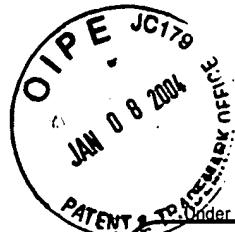
(Complete if applicable)

Name (Print/Type)	George E. Darby	Registration No. (Attorney/Agent)	44,053	Telephone	808/626-1300
Signature	George E. Darby			Date	5 JAN. 2004

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PTO/SB/21 (08-03)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCEUnder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.**TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

		Application Number	09/885,580
		Filing Date	19 June 2001
		First Named Inventor	ABUTALEB, M.
		Art Unit	2684
		Examiner Name	SOBUTKA, Philip
Total Number of Pages in This Submission	12	Attorney Docket Number	ICTI ICE-0101

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below): _____
Remarks This is a separate transmittal of the Corrected Drawings to the Draftsperson.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	George E. Darby, Paradise Patent Services, Inc.
Signature	
Date	5 January 2004

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Typed or printed name	George E. Darby	ER 771626579 US	
Signature		Date	5 January 2004

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PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number
09/885,580

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	21 minus 20 =	* 1
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY

RATE	Fee
	\$ 355
X \$ 9 =	9
X \$ 0 =	0
+ \$ 135 =	135
TOTAL	449

OTHER THAN
SMALL ENTITY

RATE	Fee
	\$
X \$ _____ =	
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY		OTHER THAN SMALL ENTITY	
						RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	33	Minus	" 21	= 12	X \$ 9 =	108	X \$ _____ =	
	Independent (37 CFR 1.16(b))	5	Minus	*** 3	= 2	X \$ 43 =	86	X \$ _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))									

RATE	ADDI- TIONAL FEE
X \$ 9 =	108
X \$ 43 =	86
+ \$ _____ =	
TOTAL ADD'L FEE	194

RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY		OTHER THAN SMALL ENTITY	
						RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	X \$ _____ =		X \$ _____ =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	X \$ _____ =		X \$ _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))									

RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY		OTHER THAN SMALL ENTITY	
						RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	X \$ _____ =		X \$ _____ =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	X \$ _____ =		X \$ _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))									

RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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